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by telephone/fax on _____
by _____ of TEA.

**TEXAS EDUCATION AGENCY
Standard Application System (SAS)
Science Laboratory Grant Program
APPLICATION
SCHEDULE #1^{3/4} General Information**

County-District No. _____

Region _____

1. Applicant Agency: (District Name, Address, City, State, Zip)	2. Applicant Contact Person: (Name, Title, Address [if different]): Phone () _____ Fax () _____ E-mail: _____	3. Purpose of Application: <input type="checkbox"/> Application <input type="checkbox"/> Amendment No. _____ RFA#701-08-108
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4. Use of the Standard Application System: This system provides a series of standard schedules to be used as formats by applicants who apply for funds administered by the Texas Education Agency. If additional clarification is needed, please call 512-463-9238.

5. Program Authority: Texas Education Code, Chapter 7

6. Index to this Application: Place an X in the column next to the schedule(s) being submitted as part of this application or amendment.

Sch No.	Schedule Name	New Applic.	Amend Applic.	Sch No.	Schedule Name	New Applic.	Amend. Applic.
1	General Information			4	Program Abstract		
2	Cert. of Projects by More Than One District			4A	Debt Description		
3	Budget Summary			4B	Project Descriptions		
3A	Purpose of Amendment			4C	Allocation of Debt Service		
	Support Schedules for—			4D	Calculation of Weighted Average Maturity		
3B	Payroll Costs 6100			4E	Refunding Bonds Requirement/Calculation		
3C	Professional and Contracted Services 6200			5A	(Other Supplemental Schedules Specify)		
3D	Supplies and Materials 6300			6A	Provisions and Assurances		
3E	Other Operating Costs 6400			6B	Debarment and Suspension Certification		
3F	Debt Service 6500			6C	Lobbying Certification		
3G	Capital Outlay 6600 (Exclusive of 6619 and 6629)			6D	Disclosure of Lobbying Activities		
3H	Building Purchase, Construction, or Improvements 6629			6E	Special Provisions and Assurances		

Certification and Incorporation

7. I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the local education agency named above has authorized me as its representative to obligate this agency. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, lobbying requirements, Special Provisions and Assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the agency or renegotiated to acceptance, will form a binding agreement.

Typed Name and Title of Authorized District Official	Telephone Number	Date Signed	Original Authorized District Official Signature (blue ink preferred)
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Return two sets of the application (or amendment) to —

Texas Education Agency
William B. Travis Building
Document Control Center, Room 6-108
1701 North Congress Avenue
Austin, TX 78701-1494

TEA DOCUMENT CONTROL NO. _____